



Planning and Zoning Department

47275 Sugarbush, Chesterfield Township, MI 48047

Phone: (586) 949-0400

Fax: (586) 949-4108

www.chesterfieldtwp.org

Zoning Board of Appeals Application Form

Office Use

Application # _____ Receipt # _____ Date _____ Fee _____

I. TYPE OF REQUEST

- VARIANCE INTERPRETATION APPEAL TEMPORARY STRUCTURE

II. APPLICANT (A completed Applicant Information Form must accompany this application)

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

INTEREST IN PROPERTY _____

III. PROPERTY INFORMATION

PROPERTY ADDRESS _____

GENERAL LOCATION _____

LEGAL DESCRIPTION ATTACHED ON SITE/SKETCH PLAN

PROPERTY IDENTIFICATION NUMBER _____

PROPERTY SIZE IN ACRES _____ FRONTAGE FEET _____

EXISTING ZONING _____ SURROUNDING ZONING _____

CURRENT USE _____

IV. REQUEST DETAIL

VARIANCE FROM ORDINANCE SECTION # _____

INTERPRETATION FROM ORDINANCE SECTION # _____

APPEAL OF ACTION BY _____ DATE OF ACTION _____

PROPOSED TEMPORARY STRUCTURE _____

V. SIGNATURES (This application form must be signed by both the applicant and legal owner of property)

The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

SIGNATURE OF APPLICANT

(Print/type name of Applicant)

Subscribed and sworn before me this _____ day of _____,

Notary Public, Macomb County Michigan _____

My Commission expires _____,

SIGNATURE OF LEGAL OWNER

(Print/type name of Legal Owner)